



DESERT PALM OTP CLINIC COMPREHENSIVE MEMBER CARE PLAN 2022

Community Partners Integrated Healthcare, Inc. (CPIH), adopts and incorporates standards related to comprehensive care for Opioid Treatment Programs (OTP) as delineated by the Substance Abuse and Mental Health Services (SAMHSA), the Drug Enforcement Agency (DEA), and per the SAMHSA Federal Guidelines for OTPs required services.

CPIH meets and is in continuous compliance with SAMHSA Federal Guidelines for OTPs for ensuring the provision of, or access to, a comprehensive array of services to meet the needs of the persons served at the Desert Palm Medication-Assisted Treatment OTP Clinic. As stipulated in 42 CFR 8.12(f) Required Services, CPIH ensures that the members receive adequate medical, counseling, educational, and other assessment and treatment services. CPIH Desert Palm OTP Clinic is located on the CPIH Integrated Healthcare Campus, which offers psychiatric, behavioral health, physical health, wellness, vocational, housing, peer support, crisis, transportation, and pharmaceutical services. This healthcare continuum is available to persons of all ages and offered in a culturally sensitive manner, respecting the values of the members.

Comprehensive Member Care Plan

CPIH provides a comprehensive OTP which, includes assessing medical necessity for Suboxone, Buprenorphine, and Methadone induction treatment, medically supervised withdrawal services, individual, family, and group counseling, coping and life skills development, case management, and other wrap-around therapeutic services to members with an opioid addiction or dependence. In response to COVID-19, Desert Palm OTP has adopted precautions and practices for the safe delivery of treatment. Groups are provided in a treatment setting that allows for social distancing and telehealth is used as deemed preferable for safety purposes while maintaining treatment effectiveness.

Program Description – The OTP program specializes in the therapeutic treatment and coordination of services for opioid-dependent individuals in a culturally-sensitive environment. The program utilizes a rapid-engagement model to ensure individuals who are experiencing opioid-dependent syndrome, occurring disorders, and poly drug complexities receive comprehensive assessments, evaluations, toxicology screenings, intervention, treatment, and support as needed. Treatment is individualized and focuses on the strengths, needs, abilities and preferences of each member, with treatment objectives and goals determined by the member and treatment team.

CPIH OTP serves adults, 18 years of age or older, who demonstrate addiction or dependence to opioids. The clinic is open Monday through Friday, 5:00 a.m. to 1:00 p.m.; Saturday 6:00 a.m. to 10:00 a.m. The clinic is closed on Sunday, with 24/7 agency wide after-hours call coverage.



Program Philosophy – OTP program embraces the philosophy that there should be no limits placed on a member's duration in treatment or dosage level of medication. Similarly, CPIH staff understand that there should be no limitations on the psychosocial services offered to members, even if the person served is no longer taking medication.

The program adopts harm reduction, a SAMHSA evidence-based, individual-centered approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping. Harm reduction strategies are used in conjunction with other approaches, which require abstinence. Other evidenced based practices are used, including, but not limited to ASAM, CBT, DBT, CRA, EMDR, and Trauma Informed Care.

Desert Palm promotes recovery-oriented systems of care (ROSC) as defined in the SAMHSA Federal Guidelines for OTPs. The ROSC model defines recovery as a self-directed, ongoing process in which persons served access their formal and informal resources; they manage their care and addiction; and rebuild their lives so they may achieve better health, overall wellness, develop healthy relationships, and lead a healthier and more meaningful life. The ROSC framework replaces traditional brief interventions that focus on resolution of a crisis with a model of care that supports the person served in their community and in an environment that is sensitive to their needs.

Program Admission Criteria – Desert Palm strives to serve any individual with an opioid dependence or addiction. However, there are legal, regulatory, and clinical standards that must be met in order to be admitted to the program. These include, but are not limited to, the following:

1. Meet diagnostic guidelines and definition of opioid dependence as defined in the DSM-V;
2. Meet criteria outlined by the American Society of Addiction Medicines (ASAM);
3. Be determined by the evaluating physician or NP to have a medical necessity for treatment;
4. Be 18 years or older;
5. For short or long-term detoxification: Individual has not been admitted for detoxification services with the past 12 months; and
6. For maintenance treatment: person served must be physiologically dependent for a minimum of 12 months prior to admission. At the provider's discretion, this requirement may be waived if:
 - a. Individual was released from a penal institution with the last six months;
 - b. Individual is confirmed pregnant; or
 - c. Individual was treated for opioid dependence within the last 24 months.

Services Offered – Individuals who present for care at the OTP clinic are offered the following services as clinically appropriate and required by the SAMHSA Federal Guidelines for Opioid Treatment Guidelines, the DEA, and the CARF Accreditation standards for OTPs.



The following services are provided by a multi-disciplinary team who specialize in the provision of OTPs:

- Opioid Assessment and Screening (See 42 CFR 8.12 (f) (4) *Initial and Periodic Assessments*)
- Physical Examinations (See 42 CFR 8.12(f) (2) *Initial Medical Examinations*)
- Drug Screening (Toxicology)
- Electrocardiograms (EKG)
- Opioid Detoxification
- Opioid Maintenance
- Counseling – Individual, Family, Group
- Therapy by LISAC trained in EMDR
- Relapse Prevention Groups, including IOP
- Case Management
- Individualized Treatment for Co-Occurring Issues
- Specialty Services for Women
- Pregnancy Testing (See 42 CFR 8.12 (f) (3) *Special Services for Pregnant Members*)
- Breathalyzers
- Syphilis Testing
- Tuberculous Testing
- Blood Serum hCG Testing
- Health Education
- HIV Counseling and Testing
- Treatment Coordination with Primary Care Physicians
- Referral to Community Recovery Support Systems
- After-Care and Follow-Up Services

CPIH adheres to the SAMHSA Federal Guidelines for OTPs for medical examinations and toxicology screening. CPIH OTP conducts a full medical examination, which includes the results of serology and other tests prior to first dosing (admission to the OTP). The physical examination documents the presence of clinical signs of addiction, such as needle marks. CPIH ensures that, at a minimum, that the following screenings have been completed and reviewed by qualified staff within 14 days of admission: an initial toxicology test; TB skin or chest x-ray; sexually transmitted infections; HIV; Hepatitis C; and, other common occurring conditions. Release of information is obtained at this time from other treating physicians or prescribers identified on the state PDMP, with person served consent to obtain medical records as needed. The state PDMP is reviewed periodically throughout treatment to ensure multiple enrollment has not occurred.

Women of childbearing age are screened for pregnancy prior to first dosing, and as warranted. Pregnant women are prioritized for services, with CPIH coordinating care with the member's OB/GYN physician bi-weekly and conducts bi-weekly toxicology screenings or more frequent if ordered. Withdrawal is not initiated before 14 weeks or after 32 weeks gestation.



CPIH provides counseling regarding women's issues, domestic violence, sexual abuse, and reproductive health issues. Other services offered include parenting skills, basic prenatal instructions on maternal care, physical care, DCS coordination, and dietary care.

Linkage with Community Services – CPIH staff refer person served to services that the OTP clinic does not directly offer but are determined needed or beneficial to the member. Due to being located on the CPIH Integrated Healthcare Campus, the Desert Palm OTP team have a full array of behavioral health, physical health, vocational, educational, wellness, housing, transportation, on site pharmacy and peer support services immediately available for person served to access. Persons served at OTP are encouraged to participate in broad array of services being offered onsite at co-located outpatient clinic. In addition to CPIH's own continuum of services, CPIH maintains an updated list of community resources to access, and staff actively assist in the referral process. To ensure the member has successfully been referred, CPIH staff follow-up within 72 hours of the referral to determine the status.

Dosing Practices – CPIH Desert Palm staff ensure safe and effective titration of opioid agonist medications including methadone and buprenorphine. The purpose of the opioid antagonist replacement is to achieve effective blocking of opioid withdrawal symptoms, including, but not limited to, drug thoughts, cravings, and other subjective symptoms.

Initial Dosing:

1. Criteria for initial dosing of opioid replacement medication includes clinical evidence of opioid dependency, careful review of substances and patterns of use, urine or other toxicology testing.
2. Initial methadone dosing is 30 mg for any members not transferring from actively dosing at another clinic as verified by nursing staff. In the event that initial dose exceeding 30mg is required, Medical Director will be advised to determine justification and medical need.
3. For induction of buprenorphine, a cumulative dose of up to 8mg is administered on the first day of treatment at 2mg per 30 minutes.

Continued Dosing:

1. Criteria for an assessment of opioid agonist replacement include subjective reports from the person served of ongoing withdrawal or craving symptoms, which is evidence of ongoing opioid use. Such issues are addressed by nurses, Health Care Coordinators, and medical providers. This allows for the safe titration of opioid replacement medications.
2. Proper assessment of potential toxicity from opioid replacement medications Include observations and/or reports of evidence of over-sedation or other signs of intoxication.



3. Buprenorphine dose titration is determined by evidence of alleviation of withdrawal symptoms and cravings as reported by the member.

Criteria for Medication-Assisted Withdrawal (MAW)

If a person served requests medication withdrawal or if clinical circumstances dictate the need for medication withdrawal, a dose reduction titration regimen is determined and monitored by the medical provider.

Split Dosing:

1. The Medical Director of the OTP program provides split dosing pursuant to state regulations and Commission on Accreditation of Rehabilitation Facilities (CARF) standards for stable and responsible person served and those who properly handle take-home doses of medication.
2. The decision as to whether a person served may have a split-dose regimen is determined by the Medical Director with input from the Adult Recovery Team (ART). This decision is guided by the following outcome criteria:
 - a. If necessary, per Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT) guidelines, a request for exception is submitted electronically pending a response;
 - b. A member complains that the dosage level is not holding;
 - c. The member exhibits signs and symptoms of withdrawal;
 - d. The NP uses peak and trough criteria for split dosing, as applicable;
 - e. If appropriate, the NP increases intervals of dosing, if the provider is unable to attain a peak and trough ratio of 2.0 or lower;
 - f. Addressing the failure of all avenues of stabilization. If all medical attempts to stabilize the member fail, the NP orders toxicology reports and request confirmation of illicit drug levels; and
 - g. Addressing stabilization failures with the member, the NP, and the rest of the multi-disciplinary treatment team. It is the responsibility of OTP staff to schedule a meeting with the NP, and appropriate clinical personnel, Program Director, person served and member advocate (if requested) to address the issue of stabilization failures.

It should be noted that in order to receive split doses, the person served must have demonstrated the stability to manage take-home doses of medication and have met the requirements for take-home medications, if applicable. Once this has been established, the NP or designee and nurse provides the person served with the proper education on the rationale for split dosing, diversion control measures and processes, and the program's take-home policy for storing and securing medication.



Pima County - Crisis System Meeting

Minutes

Logistics

Date:	June 17, 2021
Time:	10:00 am – 12:00 pm
Teleconference Details:	Zoom Meeting: https://centene.zoom.us/j/98851619358?pwd=SURYMExbkklhU093RXplS2ozYWJVZz09 or 1-669-444-9171, 98851619358#
Meeting Purpose:	<p>This quarterly meeting has been established to identify areas in which there is a need for procedures or improve communication between the behavioral health system, first responders, and county representatives. Attendance is strongly encouraged. This meeting represents a collaborative effort to identify barriers and strengths in the crisis system and to develop agreements and processes to build on strengths and resolve barriers.</p> <p>Goals:</p> <ul style="list-style-type: none"> • To ensure everyone is aware of how to access crisis services • To discuss system issues (member specific issues should not be discussed in this setting) • To improve coordination of crisis services • To develop & maintain open communication between all parties

Agenda

Item #	Description	Presenter
1.	<p><u>Welcome & Introductions:</u></p> <p>Aaron Barnes, UA CAPS Adam Lawson, Marana PD Adria Powles, Avant Recovery Alma "Bam" Barraza, CBI Amy Devins, AzCH Amy Munoz, CODAC Andy McIntyre, Sonora BH Angela LoPresti, SAVAHCS Angie Blue, Palo Verde April Guzman, AzCH Aracelli Corona, FCI Tucson Brendan Lyons, 10-4 Medical Cade Hansen, PCSD MHST Carl Anderson, COPE Chris Don, TFD TC3 Cris Gonzalez, PCSD SRO K9 Craig Norris, Intermountain</p>	All



	<p>Dan Haley, HOPE, Inc. Dan Landers, AzCH Daren Fry, CBI Doyle Morrison, CMS Ed Hudson, 10-4 Medical</p>	
	<p>Galen Barnes, CHA Greg Taylor, AzCH Heather Moore, CPIH Jason Winsky, TPD MHST Jayme Kahle, Rincon Valley Fire Jennifer Salem-Russo, Public Defender's Office Jill Scheckel, Palo Verde BH John Delgadillo, AzCH Jonathon Pickney, CAO Julietta Scroggs, TFD TC3 Justin Betancourt, Intermountain Kara Schwartzman, CRC Katie Wilkinson, AzCH Kelly Boyer, AzCH Kimberly Romo, Palo Verde BH Larkin Riley, CRC Linda Poller, Care 1st AZ Lupe Trieste, CRC Maria Soosai, AzCH Michael Gardner, Banner Healthcare Michele Kahn, UAPD MHST Michelle Nieuwenhuis, PCCPD Mike Carsten, TFD Nahrin Jabro, County Constable's Office Nick Nelson, Juvenile Court Rachael Long, Intermountain Rohno Geppert, AHCCCS Sarah Germain, CPIH Savannah Sayers, Southwest Fair Housing Scott Kim, CPIH Shanna Palumbo, Az Crisis Line Sheina Yellowhair, AzCH Sonja Hudson, OVPD MHST Stephanie Zugaide, La Frontera Susan Cota, AzCH Taiwan Savage, Palo Verde BH Tania Long, AzCH Timothy Fane, Marana PD MHST Troy Perrin, City of Tucson PSCD Tyson Gillespie, CPIH</p>	
2.	<p>Review follow up items:</p> <ul style="list-style-type: none"> • None 	Maria Stengel
3.	<p>Arizona Complete Health</p> <ul style="list-style-type: none"> • First Responder Service Team updates <ul style="list-style-type: none"> ◦ REMINDER: Crisis Services are available 24/7/365. 	<p>Maria Stengel Johnnie Gasper Amy Devins</p>



<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ AzCH staff will continue to work from home until September 2021. All meetings and trainings will be conducted via Zoom. ○ All crisis materials are available in PDFs or can be mailed/dropped off. ○ 2022 Crisis Protocol. Now accepting any updates/revisions. Please send those to Maria. • Emergency Response/Mgmt & School-Based Services updates Dan Landers: School based services recap for last school year: despite all the COVID incidences it was a great year. Intermountain had 256 referrals and Casa De Los Niños had 738 referrals. We will be expanding to additional schools this coming school year • SUD & OUD Services updates April Guzman: Reminder that the state opioid response grant has been expanded and we continue to work with providers in your area. There is "no wrong door" for SUD/OUD services. There are SABG and MHBG for those that don't qualify for AHCCCS. If you are seeing any barriers/gaps in services please contact her at: april.guzman@azcompletehealth.com, Program Specialist working with SUD/OUD Initiatives and Grants: • Tribal Services updates Sheina Yellowhair: We continue to monitor the status of tribes related to COVID, They have moved through vaccinations and are now moving towards opening status. We touch base with local govt or organization to see where they are at. Welcome to the new participant to the meeting, Tohono O'Odham Nation. • Community Outreach updates Greg Taylor: For those who are interested, the Capital Grant is still open, receiving applications until 6/25/2021. https://www.azcompletehealth.com/about-us/community-giving.html. The Cyber Grants are also still available. Additional information can be found at: https://cybergrants.com/centene/AZCHgrants • Title 36 Team updates <ul style="list-style-type: none"> ○ COT data attached • DCS Liaison updates - Jennifer Kent- not present • Additional AzCH staff updates Kelly Boyer: No updates Amy Devins: Reminder to engage crisis services earlier than later. No barrier to engage at the earliest possible time-encouraging first responders to engage crisis, there are many ways to engage in crisis services. John Delgadillo: No updates 	<p>Cambi Cogburn Kelly Boyer Dan Landers Tania Long April Guzman Sheina Yellowhair Julia Chavez Greg Taylor Maria Soosai Cheryl Korman Jenifer Kent John Delgadillo</p>
--	---



	<p>Katie Wilkinson: Crisis services are always available and no call is too small or too large, crisis is running 24/7/365.</p> <p>Susan Cota: No updates</p> <p>Tania Long: No updates. If there are any gaps please let AzCH know right away. <u>There are new grants coming through and we want to use them the best way to serve our members.</u></p> <p>Maria Stengel: Become an instructor thru SAMHSA's GAINS Center in "How Being Trauma-Informed Improves Criminal Justice System Response". This 4-hour class is for Criminal Justice professional and is NO COST. Please contact me if you would additional information.</p> <ul style="list-style-type: none"> • Training Opportunities <ul style="list-style-type: none"> ◦ Crisis System Overview In-depth overview of crisis system processes. This is a universal presentation and we can cater it specific to your needs. ◦ Resiliency 101 (2 hrs.) Understand and identify types of stress/signs; symptoms and risk factors of PTSD and suicide; what is resiliency, why it's important and ways to improve it. AZPOST continuing education credits. ◦ Resiliency: 5 Skills Training (4 hrs.). Learn how to develop 5 key skills: Belief, Strength, Persistence, Trust and Adaptability. Appropriate for frontline workers and first responders. AZPOST continuing education credits. https://www.onetreelearning.org/services. 	
4.	<p>Crisis System Data</p> <ul style="list-style-type: none"> • October 2020 - March 2021 data report attached <u>Crisis Line calls (Episodes)</u> - Increasing numbers and returning to how it was before the COVID dip. <u>CMT Volume</u>- Matching the crisis episodes, 1st quarter numbers were low but increasing in the 2nd quarter. <u>911 Dedicated Crisis Line</u>- City of Tucson/ Sheriff's Dept- diverting 911 calls and transferring to our crisis line, big increase in April 2021. <u>Call Sources (Top 5)</u> - (1) members 55%, (2) BH inpatient Providers 17%, (3) Family/ Parent 9%, (4) 1st Responders 5%, Family/ Guardian or Parent 3%. <u>Top 5 Call Presenting Symptoms</u>- (1) Stress & Coping 35%, (2) Notification of Admits to 23-hr obs 19%, (3) Suicidal thoughts 19%, (4) Disturbance in thought 18%, (5) Addictive Actions 9%. <u>Tucson Fire</u>- Increase in calls again. <u>LE Calls</u>- (1) TPD has increased calls, (2) Sheriff's Dept, (3) Oro Valley PD <u>CMT Response Time</u>- Biggest increase in Feb 2021, but it is staying steady, average less than 45 minutes 	Maria Stengel
5.	<p>Presentation: CPIH overview of services</p> <ul style="list-style-type: none"> • PowerPoint attached 	<p>Sarah Germain Tyson Gillespie Scott Kim</p>



	<p>Contact info: Heather Moore- CPIH Desert Palm MAT Clinic- heather.moore@communitypartnersinc.org</p> <p>Contact info: Tyson Gillespie, Executive Director, CPIH ACT Teams/Rosemont Health Campus, Tyson.gillespies@communitypartnersinc.org.</p> <p>Contact info: Sarah Germain, sarah.germain@communitypartnersinc.org</p> <p>Contact info: Justin Betancourt, Clinical Director, ICHD/CPIH Inpatient & Residential, jbetancourt@ichd.net</p> <p>Contact info: Scott Kim CPIH, scott.kim@communitypartnersinc.org</p>	<p>Heather Moore Rachael Long Justin Betancourt</p>
6.	<p>AZ Crisis Line</p> <ul style="list-style-type: none"> • Updates Shanna Palumbo: No additional updates. Please reach out if you have any questions/concerns/needs. 	<p>Shanna Palumbo Lisa Hamilton Clark Rosario Huerta</p>
7.	<p>Crisis Mobile Teams</p> <ul style="list-style-type: none"> • CBI Bam Barraza: We are staying very busy trying to keep up with the crisis calls and increase in T36 applications. Contact info: Alma "Bam" Barraza, abarraza@cbridges.com or 520-262-1976. CBI T36, CRT & CMT Prog Manager. Daren Fry: He is the new Senior Director of Regional Operations. Contact info: dfry@cbridges.com or direct cell 928-363-0247. Introduced Diana Martorana. She is the Regional Director of Clinical Services and provides oversight to the Crisis Mobile Teams. She was unable to attend today. Contact info: dmartorana@cbridges.com or direct cell: 480-294-2150. • CHA Galen Barnes: No updates other than they are seeing an increase in calls as well and staying busy. Contact info: Galen Barnes Community Health Associates Crisis Director Gbarnes@chaarizona.com or 520-965-7355 	<p>Alma Barraza Galen Barnes</p>
8.	<p>Pima County Government</p> <ul style="list-style-type: none"> • Behavioral Health - Not present • Constable's Office Nahrin Jabro- Present but left early. • County Attorney's Office Jonathan Pickney: High volume of T36 hearings and almost to capacity. The courts are still doing hearings telephonically. • Juvenile Court Nick Nelson: Trying to maintain communication between Juvenile Court and the community. • Probation Office - Not present • Public Defender's Office Contact info: Social Work Supervisor from the Public Defender's Office, jennifer.salem-russo@pima.gov 	<p>Paula Perrera Bennett Bernal Nahrin Jabro Jonathan Pinkney Nick Nelson Cynthia Duhon Cara Singer Jennifer Salem-Russo</p>



9.	<p>Law Enforcement</p> <ul style="list-style-type: none"> • 911 Communication Centers updates <ul style="list-style-type: none"> ◦ PCSD Communication - Not present ◦ Tucson 911 & Co-located Crisis Professional Troy Perrin: Still addressing staffing issues and developing the relationships with the Crisis Line Professional and CMTs. • MHST updates <ul style="list-style-type: none"> ◦ Marana PD Timothy Fane: No updates. He is doing primarily patrol work due to recent injury. Adam Lawson: Tim is the MHST contact, but no other updates. ◦ OVPD Sonja Hudson: No updates. They would like a Crisis System Overview training and will reach out to Maria. ◦ PCSD Cade Hansen- entire unit is new due to promotion/retirement. Seeing an increase in calls for MH and T36 applications. Families have been hesitant to seek help for loved ones during the pandemic is the reason for the uptick. Contact info: robert.hansen@sheriff.pima.gov or 520-351-3482 ◦ TPD Jason Winsky: No major updates. Maria asked about CIT Training update. CIT is in the final planning stages for in-person July 26th-30th. Enrollment for LE/Fire has begun and the capacity is 50 people for the class. ◦ UAPD Michele Kahn- No updates. She has not been able to reach Natalie Pacitto at the Jail and asked for any other POC. Det. Hudson provided: Tammy Miner, 520-351-3918. • Agency updates <ul style="list-style-type: none"> ◦ FCI Wilmot Araceli Corona: They are starting to resume in-person interactions. ◦ Marana PD – No additional updates ◦ Oro Valley PD - No additional updates ◦ Pima Community College PD Michelle Nieuwenhuis: Thanks to Amy who provided Crisis Overview to their new dispatchers and additional staff from student conduct in the training. They are excited to send officers to in-person CIT training. Question to CRC: They sent an email with information and requested notification of when the individual was to be released. That didn't occur and would like to know what is the preferred way to get notification of a member's release. 	<p>Cecilia Ochoa Lt. Perrin Geoff Kuhn Det. Hudson Sgt. Gibson Lt. Schaner Sgt. Winsky Araceli Corona Sgt. Lawson Lt. Trevizo Cmdr. Nieuwenhuis Sgt. Gonzales Chief Amado Chief Begay AC Hall Sgt. Keating Det. Kahn</p>
----	---	--



	<p>Kara Schwartzman: Asked to be sent an email with the information so she can look into it.</p> <ul style="list-style-type: none"> o Pima County Sheriff's Dept. <ul style="list-style-type: none"> ▪ Crisis K9 Updates <p>Chris Gonzalez: In charge of the School Resource Officers K9 Program. They are the only dogs remaining from the original program. Their SRO program has been hugely successful with the kids. They will use the dogs for adults as well and are receiving calls from out of state agencies to learn more about the program.</p> <ul style="list-style-type: none"> o Sahuarita PD - Not present o South Tucson PD - Not present o Tohono O'Odham PD - Not present o Tucson PD - No additional updates o University of Arizona PD - No additional updates o Other Agency updates <p>Brendan Lyons: 10-4 Medical is new provider in Tucson that focuses on First Responders. 10-4 Medical is a one-of-a-kind healthcare facility exclusively serving Southern Arizona's First Responders. 10-4 Medical provides occupational health services including specialized firefighter physicals (per NFPA guidelines), AZ POST examinations, injury treatment, and specialized testing. In addition, our unique medical model offers comprehensive primary care, wellness exams, preventative care, and mental health services including assessment, therapy, counseling, and treatment for common mental health conditions impacting our First Responders. We are "Taking Care of Those Who Serve and Protect" by providing healthcare that is tailored to First Responders with a focus on "Whole Person Health."</p> <p>www.10-4medical.com</p> <p>Anyone with questions may call me at 520-248-9874 or email at BLyons@10-4medical.com</p> <ul style="list-style-type: none"> • Trainings <ul style="list-style-type: none"> o CIT updates <p>See Jason Winsky's comments in TPD MHST</p> <ul style="list-style-type: none"> o MHFA updates - No updates 	
10	<p>Detention</p> <ul style="list-style-type: none"> • Updates • REMINDER: Email for officers to send information to BH staff at the jail. Email address is: DLAZPimaMHLEO@TeamCenturion.com <p>Natalie not present. John Delgadillo: Not aware of any updates. The Mental Health Office staff can be contacted at: 351-3918.</p>	Natalie Pacitto
11	<p>Fire/EMS</p> <ul style="list-style-type: none"> • Northwest Fire <ul style="list-style-type: none"> o Community Assistance Program (CAP) - Not present 	Heathre McAlees Chief Kahle Capt. Don



	<ul style="list-style-type: none"> Rincon Valley Fire Department Chief Kahle was present but left early. Tucson Fire Department <ul style="list-style-type: none"> TC3 updates/stats Chris Don: They are utilizing the "Leave Behind Narcan" program and getting help from CBI & CMS to do outreach. If you would like to help please contact him. Contact info: christopher.don@tucsonaz.gov or 237-6510. Contact info: Julieta Scroggs, Tucson Fire and TMC (TC-3 program), 520-488-2790, Julieta.scroggs@tucsonaz.gov Other Fire/EMS departments - None 	
12	<p>Community Observation Centers</p> <ul style="list-style-type: none"> CBI Toole <ul style="list-style-type: none"> Updates/Stats Jaime Pothast: Not present Katie Wilkinson- No updates Daren Fry: Jamie Pothast is still the contact person for this facility. CRC <ul style="list-style-type: none"> Updates/Stats REMINDER: Email address for First Responders to send additional information to BH staff at the CRC has been updated to: crclc@connectionshs.com. Larkin Riley: They are seeing an increase in volume as well. They have a new Director of Nursing and RSS Manager. The RSS manager is coordinating with Pet Partners to bring therapy dogs into the youth unit. The facility has opened back up and anyone who is new would love to have a tour please let her know. Contact info: larkin.riley@connectionshs.com, Quality Manager. Contact info: Lupe Trieste Director of Nursing, lupe.trieste@connectionshs.com. Contact info: Gary McGinnis RSS Manager, gary.mcGinnis@connectionshs.com Contact info: Kara Schwartzman Social Services Manager, kara.schwartzman@connectionshs.com 	<p>Jamie Pothast Dr. Margie Balfour Jose Enriquez Larkin Riley Lupe Trieste</p>
13	<p>Health Homes</p> <ul style="list-style-type: none"> CODAC Amy Munoz: Brief intervention services and there are 5 beds available. The Las Amigas facility focuses on women and children under 6 - SUD focused. Working on a grant to help those without AHCCCS for suicidal prevention. Anyone with questions on the BIP or SUD BHRF inquiries/questions, please contact me at: Contact info: amunoz@codac.org. COPE Carl Anderson: Sharing in the increase of those on COT. They are looking for a full-time Medical Director. Have a grant 	<p>Amy Munoz Megan Bright Carl Anderson Sarah Germain Tyson Gillespie Rachael Long Stephanie Zugaide Linda Fayuant Veronica Hernandez</p>



	<p>approach for those Pandemic Outreach for those who do not have AHCCCS. Contact info: Laura Santa Cruz: lsantacruz@copecommunityservices.org or 520.741.3180.</p> <ul style="list-style-type: none"> • CPIH Tyson Gillespie: No additional updates • Intermountain Rachael Long: Therapeutic groups for youth, expanding school based services for overall wellbeing and academic outcomes • La Frontera Stephanie Zugaide: Opening up and an increase in patients coming to groups. Contact info: Stephanie.Zugaide@lafrontera.org, Clinical Coordinator Rapid Response Team or 520-490-4982. • MHC - Not present • Tohono O'odham Nation Healthcare – Not present <ul style="list-style-type: none"> ◦ Behavioral Health ◦ Clinic 	
14	<p>Specialty Providers</p> <ul style="list-style-type: none"> • CMS Doyle Morrison: Working with the jail and dosing 36 members. Other agencies that would like to do this please reach out to do an MOU. They are actively doing outreach to the communities and getting Naloxone out and doing education. Contact info: Community Programs @ Integration Manager, doyle.morrison@cmsgiveshope.com, or 928-985-2700. • CBI <ul style="list-style-type: none"> ◦ 24/7 OUD#: 520-354-0511 • CODAC <ul style="list-style-type: none"> ◦ 24/7 OUD#: 520-202-1786 • HOPE Inc. Dan Haley- Was present but had to leave early. Contact info: danielhaley@hopearizona.org 	<p>Keith Jeffery Doyle Morrison Dan Haley</p>
15	<p>Behavioral Health Inpatient Facilities</p> <ul style="list-style-type: none"> • Banner University South Campus - Not present • Cornerstone (El Dorado) - Not present • Oro Valley Hospital - Not present • Palo Verde Kimberly Romo: They have a robust outpatient unit and are doing in-person sessions again. Contact info: Director of Business Development at Palo Verde Behavioral Health, kimberly.romo@uhsinc.com Contact info: Angie Blue, Military and Community Liaison, Palo Verde Behavioral Health. angela.blue@uhsinc.com. I am the liaison for all rural hospitals, clinics, military bases, and Fire/EMS for AZ. Contact info: Taiwan Savage, 215-410-7841 or taiwan.savage@uhsinc.com • Sonora 	<p>Yasmine Jaber-Ratz Stephanie Roberts Kimberly Romo Angela Blue Taiwan Savage Andy McIntyre</p>



	<p>Andy McIntyre: Not many changes but the hospital has been busy. Adult PHP will start soon. Contact info: 520-471-5925, Andy.mcintyre@sonorabehavioral.com</p>	
16	<p>EDs/Hospitals</p> <ul style="list-style-type: none"> • Banner Main – Not present • Northwest - Not present • Oro Valley - Not present • SAVAHCS Angela LoPresti- Partnering with the AZ Coalition for Military Families for an Open House on August 25th, 10:00-11:00am. This will be hybrid virtual/in-person. There will also be a Town Hall for veterans and community members on October 20th, 8:00-12:30 with breakout sessions. They also have a mental health advisory council that meets the first Wednesday of the month. If you are interested in additional information for any of these events, please contact Angela directly. Contact info: angelika.lopresti@va.gov • St. Joseph's - Not present • St. Mary's - Not present • TMC - Not present 	<p>Keely Stumpf Jennifer Schomburg Angela LoPresti Zacharias Knickerbocker</p>
17	<p>Other Attendees</p> <ul style="list-style-type: none"> • AHCCCS AMPM 590 is the new crisis policy - please sign up and submit comments for consideration. Sign up for policy updates at https://www.azahcccs.gov/shared/MedicalPolicyManual/ - Thanks! Contact info: rohno.geppert@azahcccs.gov • Banner Health Michael Gardner: No updates. Contact info: michael.gardner@bannerhealth.com. Contact info: Veronica Valencia (Courts), veronica.valencia@bannerhealth.com Contact info: Christy Weaver (Jail), margaret.weaver2@bannerhealth.com • Be Connected - Not present • Care 1st Health Plan Contact info: Linda Poller. Court Coordinator: linda.poller@care1staz.com or 480-521-3581 • DCS - Not present • Southwest Fair Housing Council Savannah Sayers: Was present but left early. Contact info: savannah@swfhc.com • Teen Lifeline - Not present • UA CAPS Aaron Barnes: Preparing for a busy fall with 2 freshman classes and are revising their crisis response information to prepare for the influx in students. • UHC Willow Springs Center 	<p>Rohno Geppert Michael Gardner Dee Person Savannah Sayers Dana Hatcher Dr. Aaron Barnes Katie Streck Sarah Blanka</p>



	<p>Adria Powles: They are becoming a Community Service Agency that is a Medicaid provider and ready to provide services within the next few months.</p> <ul style="list-style-type: none"> • United Healthcare - Not present 	
18	<p>Kudos</p> <p>Maria Stengel: Kudos to all the work CMTs are doing within the county.</p> <p>Katie Wilkinson: Huge thank you to the CMTs and they have stepped up to bring teams on board when it is getting busy</p> <p>Sonja Hudson: CMTs did a great job that helped an officer that occurred on 5/18 at 11am from PIMA 1 (Brian). The team went above and beyond.</p> <p>Alma "Bam" Barraza: Thanks to the OVPD officer that provided praise to the team.</p>	All
19	<p>Open Discussion</p> <ul style="list-style-type: none"> • Any upcoming trainings/events? <p>Maria Stengel: Averting Targeted School Violence, June 29th, 12:00-3:30EST.</p> <p>Maria Stengel: Arizona Drug Summit in Tempe on September 27th, www.azdrugsummit.org</p> <p>Amy Devins- CIT International's Conference in Phoenix, August 16th-18th, www.citinternational.org. Opportunities to volunteer, attend, and present.</p> <p>Sheina Yellowhair: Tribal OUD & SUD Conference, November 17th-18th at the Ak-Chin Casino in Maricopa. There will be a First Responders track.</p> <p>(See all attached flyers for additional information/registration)</p>	All
20	<p>Upcoming 2021 Quarterly Meetings:</p> <p>Thursdays of each month noted below. Hours 10:00am-12:00pm.</p> <ul style="list-style-type: none"> • September 16th • December 9th 	Maria Stengel



Substance Use Providers Meeting

Agenda or Minutes

Logistics

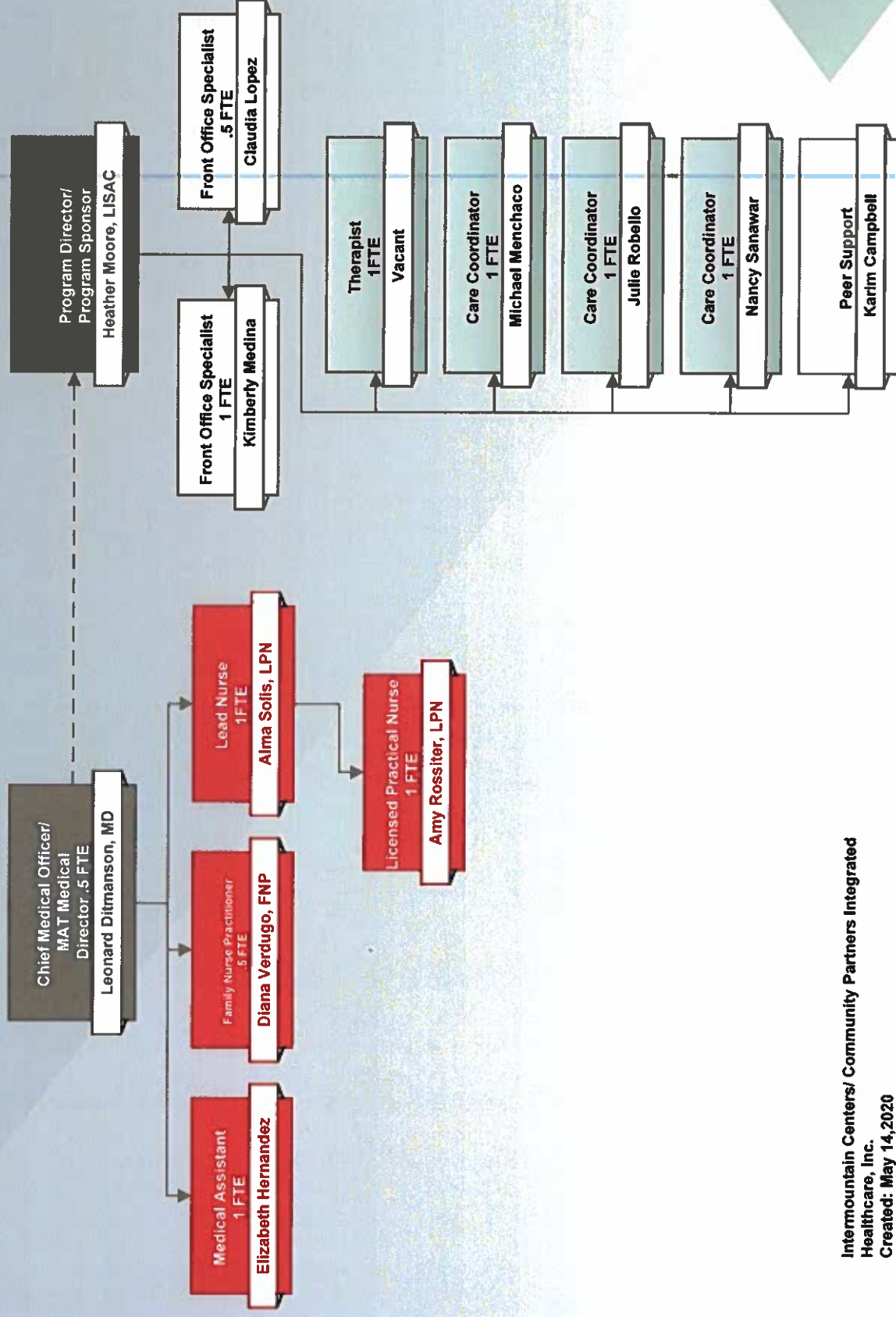
Time:	10:00am – 12:00pm
Date:	September 7, 2021
Teleconference Details:	Zoom invitation
Meeting Purpose:	To share information regarding SUD programs; treatment and resources

Agenda

Item #	Description	Presenter
1.	Introductions	All
2.	Review any follow up items:	April Guzman
3.	SUD Grants Updates: <ul style="list-style-type: none"> • SABG <ul style="list-style-type: none"> ◦ Residential Waitlist ◦ Provider Funding • SOR NCE & SOR II • GO – SUDS Funding 	April Guzman Susie Scott
4.	Updates for SUD Specific Programming : <ul style="list-style-type: none"> • Adults • Adolescents • Transition Age Youth • Pregnant/Parenting Individuals • Tribal • Veterans • Older Adult Population • Gender Specific • Chronic Pain • Physical Health 	All
5.	Provider Updates:	All
6.	Stigma Reduction:	All
7.	SUD BHRF Updates:	All
8.	MAT Updates: <ul style="list-style-type: none"> • Opioid Treatment Program requirements 	All
9.	SNF Updates:	All
10.	TB Screening/Referrals, Hepatitis C and HIV Updates:	Julie Mack Alethea Do Daniel Day
11.	AHCCCS Updates:	AHCCCS
12.	Success Stories:	All
13.	Next Meeting: 12/7/21 from 10am – 12pm	All

2022

Desert Palm MAT Org Chart





Program: OTP	Title: Program Referral, Transition and Discharge Planning
Section: Clinical Operations Number: 3.07	Issue Date: 7/1/2019 Last Revised: 7/1/2020

Purpose

Community Partners Integrated Healthcare (CPIH), a subsidiary of Intermountain Centers, OTP provides comprehensive and clinically appropriate transition and/or discharge planning to its members enrolled in medication-assisted treatment program.

References

CARF 2.D.1-5
ARS36§1907.14
AHCCCS ACOM 4.17

Forms

Definitions

Procedure

I. Referrals

Referrals to therapy and/or other support services are determined as part of the intake process to the OTP clinic. CPIH offers a wide range of services including housing, therapy, case management, employment, health and wellness program and primary care services within its own network of programs and providers. CPIH complies with the appoint standards, both urgent and routine, as described in AHCCCS Contractor Operations Manual, 4.17, Appointment Availability, when referring a MAT patient to services that may not be available at the OTP clinic.

Both internal and external referrals are tracked and documented in the MAT patient's electronic health record. OTP staff conduct follow-up calls to the referred agency to confirm the referred member's appointment date and to ensure the appointment was kept. Coordination of care standards are continuously met if the patient is receiving MAT services at the OTP clinic.

II. Transition Planning

Transition, or continuation of care, planning helps the members to move from a specific level of care to another within the organization or to obtain services that are needed but are not available at the facility, or the member elects to receive OTP services from another facility. Transition planning is initiated with the member as soon as clinically appropriate.

The transition plan is developed with the active participation of the member and may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in the criminal justice system. It serves



Program: OTP	Title: Program Referral, Transition and Discharge Planning
Section: Clinical Operations Number: 3.07	Issue Date: 7/1/2019 Last Revised: 7/1/2020

to guide the member in activities following transition/discharge to support the gains made during program participation and to identify the support needed to prevent a recurrence of symptoms or reduction in functioning.

- A. A complete transition plan addresses the following:
 1. Written procedures for:
 - (a) Referrals;
 - (b) Transfer to another level of care, when applicable;
 - (c) Transfer to other services;
 - (d) Inactive status, when applicable;
 - (e) Discharge;
 - (f) Follow-up; and
 - (g) Identifying:
 - i. When transition planning will occur, and
 - ii. Where transitional planning and discharge summary are documented.
- B. Individual needs based on a member's age, gender, disability/disorder, or other special circumstances may include, but are not limited to:
 1. Alcohol and other drug services;
 2. Housing resources;
 3. Domestic violence services;
 4. Crisis intervention services;
 5. Medical services;
 6. Medication management;
 7. Case management; and
 8. Outpatient therapy.

A copy of the plan is provided to all transition planning participants, including the member, when beneficial, as an assist to the receiving program(s) or referral source.

III. Discharge Planning

For all members leaving services at OTP, a written discharge summary is prepared to ensure that the member has documented treatment episodes and results of treatment. The discharge summary is included for both planned and unplanned discharges.

- A. Discharge Summary

A planned or unplanned discharge summary will include:

 1. Date of admission;
 2. Description of the services provided;
 3. Member's presenting condition;



Program: OTP	Title: Program Referral, Transition and Discharge Planning
Section: Clinical Operations Number: 3.07	Issue Date: 7/1/2019 Last Revised: 7/1/2020

4. Description of extent to which established objectives and goals were achieved;
5. Member's status at last contact;
6. Lists of recommendations for services or supports with contact information;
7. Reason(s) for discharge;
8. Date of discharge; and
9. Information related to medication(s) prescribed and/or administered, when applicable.

When an unplanned discharge happens, follow-up is conducted as quickly as possible in order to:

1. Provide necessary notifications, including, when appropriate:
 - (a) Law enforcement,
 - (b) Justice services, and
 - (c) Legal guardian.
2. Clarification and reasoning for the unplanned discharge;
3. Determination of whether further services are needed; and
4. Offer of, or referral to, needed services.

The member's Care Coordinator will be responsible for ensuring coordination of care during the discharge. In the event of any medical issues, the Medical Director will contact the member's Primary Care Physician.



Program: OTP	Title: Program Referral, Transition and Discharge Planning
Section: Clinical Operations Number: 3.07	Issue Date: 7/1/2019 Last Revised: 7/1/2020

Approval

DocuSigned by:

Leonard Ditmanson

A06B2439428D45F

Leonard Ditmanson
Chief Medical Officer

DocuSigned by:

Rose M. Lopez

E0E0F559C76407

Rose M. Lopez, MBA
President & CEO

Review/Revision History

Date of Review/Revision	Revisions Made
12/04/19	Added Referrals
07/1/2020	Annual Review